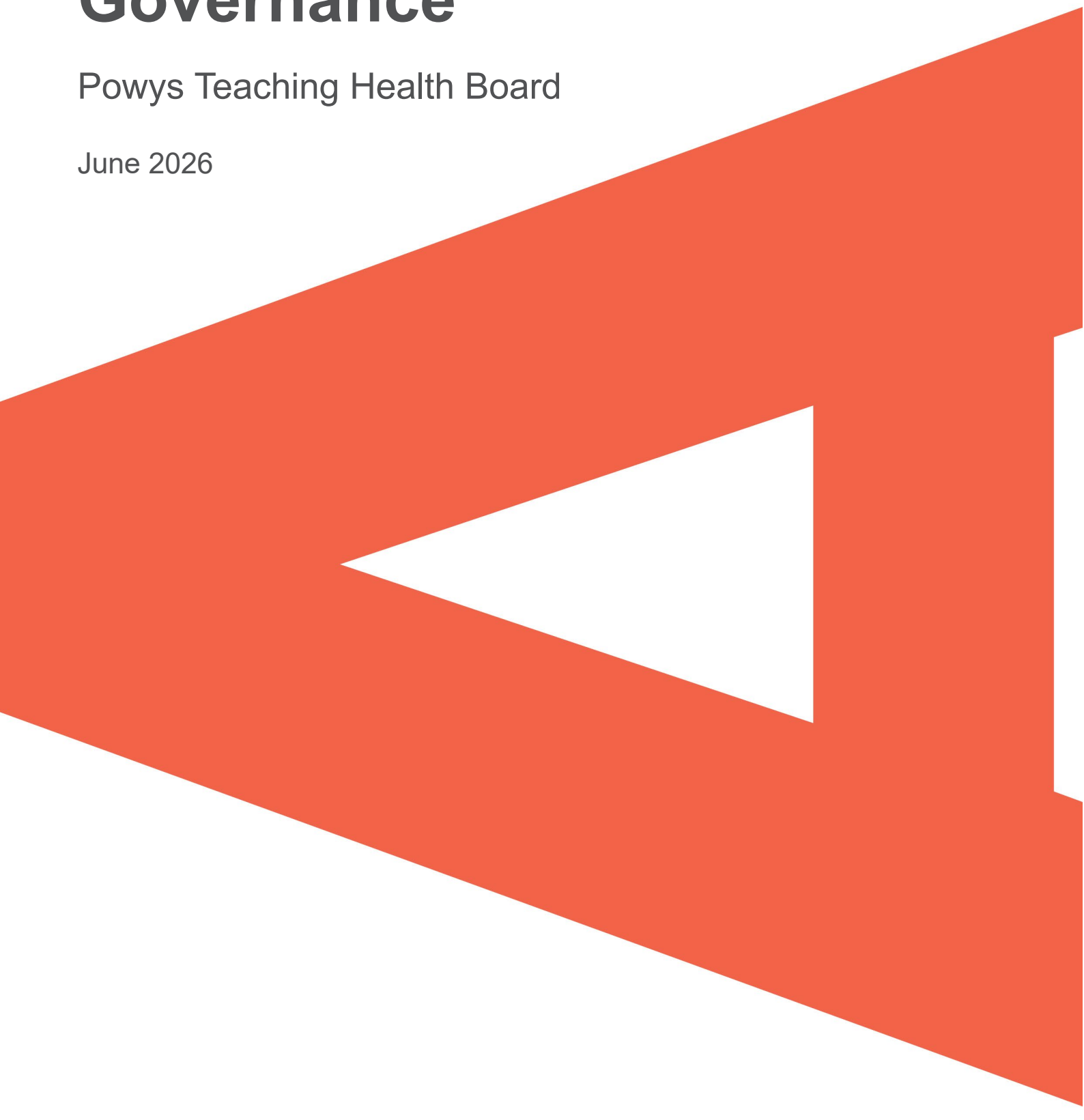


# Improving Quality Governance

Powys Teaching Health Board

June 2026



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# Contents

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Audit snapshot	4
Key facts and figures	7
Our findings	8
Recommendations	17
1 About our work	20
2 Previous recommendations	23
3 Key terms in this report	25
4 Management Response Form	27

# Audit snapshot

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## What we looked at

- 1 Our review assessed progress made by Powys Teaching Health Board (the Health Board) in implementing our 2021 quality governance audit recommendations. It also considered progress made by the Health Board to review and implement corporate arrangements to meet the new Duties of Quality and Candour requirements, and related oversight and scrutiny.

## Why this is important

- 2 Quality should be at the 'heart' of all aspects of healthcare and 'putting quality and safety' before anything else is one of the core values underpinning the NHS in Wales. Poor quality healthcare can be costly in terms of harm, waste, and variation.
- 3 During 2021-22, the Auditor General reviewed quality governance arrangements across all health boards and trusts in Wales. Our [2021 Review of Quality Governance](#) at the Health Board found that it was committed to ensure high quality, safe and effective services and had taken steps to improve its quality governance arrangements. Work remained to embed these arrangements and articulate the quality priorities of the organisation. The Health Board also needed to ensure there were measures in place to show and monitor achievement to drive improvements across the full range of services provided and commissioned.
- 4 We made nine recommendations which focused on:
  - the commissioning assurance framework;
  - the clinical quality framework;
  - alignment of frameworks;
  - complaints on commissioned services;

- quality and safety performance measures;
- DATIX training;
- statutory and mandatory training; and
- data analytics capacity.

5 In June 2020, the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (the Act) became law. The Act has strengthened the duty to secure system-wide quality improvements. It also placed a Duty of Candour on NHS bodies, requiring them to be open and honest with service users when things go wrong and apply lessons learned.

## What we have found

6 The Health Board has made some progress against our previous audit recommendations. New frameworks are in place to better articulate the arrangements for commissioning services, supported by improved monitoring of quality and safety measures. The Health Board has also met its statutory and mandatory training compliance target.

7 However, the Health Board still needs to set out its expected standards of care for commissioned services, and to ensure it produces regular Commissioned Services Performance Reports. These should include oversight of complaints about commissioned services, which is still a gap. Although the Health Board has made some progress to improve access to data, analytical capacity is also a gap, and the Health Board would still benefit from having a quality dashboard. The Health Board also needs to ensure appropriate corporate staff have received DATIX training.

8 The Health Board has made reasonable progress in embedding the duties of quality and candour. There was a clear implementation plan, and the Board receive regular updates on compliance. However, oversight of the uptake of relevant training needs to improve.

## What we recommend

- 9 We have made four recommendations which replace six 2021 recommendations that are not yet complete, updated to reflect the current delivery context. These focus on:
  - performance measures and outcomes for commissioned services;
  - oversight of complaints about commissioned services;
  - DATIX training; and
  - data analytics.
  
- 10 We have also made two new recommendations which focus on:
  - the Commissioned Services Performance Reports; and
  - oversight of duty of quality e-learning.

# Key facts and figures

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- Three of the nine previous recommendations are complete. There has been some progress against three recommendations and no action taken for the remaining three.
- 89% compliance with statutory and mandatory training in October 2025, compared with 85% in January 2024 and 82% in January 2023.
- Two 'moderate harm and above' incidents have needed the application of the Duty of Candour procedure during 2024-25, out of a total of 66 incidents.<sup>1</sup>

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<sup>1</sup> Moderate harm within the context of the Duty of Candour is defined as a patient safety incident that results in a moderate increase in treatment and significant, but not permanent, harm.

# Our findings

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## Implementation of previous recommendations

**The Health Board has aligned frameworks, exceeded training targets, and progressed data analytics, but has taken no action on complaints about commissioned services or corporate DATIX training**

### Commissioning Assurance Framework

- 11 Our 2021 review recommended that the Health Board reviews its Commissioning Assurance Framework to include measures on the standards of care provided or patient outcomes. This recommendation is in progress.
- 12 Since our review, the Health Board has replaced the Commissioning Assurance Framework with its Strategic Commissioning Framework (SCF). The Board approved this in September 2025. The SCF details the Health Board's approach to commissioning services for the population of Powys.<sup>2</sup> The scope of the SCF relates to services the Health Board provides and commissions from neighbouring NHS bodies.
- 13 The SCF is supported by the monitoring arrangements set out in the Integrated Quality and Performance Framework (IQPF) approved by the Board in May 2025. The IQPF sets out how the Health Board monitors, assures, and escalates the quality and performance of provider and commissioned services. The two frameworks work together as a single governance system.

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<sup>2</sup> The SCF does not cover Primary Care, Continuing Health Care and out of area Mental Health placements which have separate governance arrangements.

- 14 Despite a consistent and integrated focus on quality across both the IQPF and SCF and a clear framework of how the Health Board will monitor standards of care and patient outcomes, it has not yet developed expected measures and outcomes for each of its commissioned providers.
- 15 The Health Board has recently recruited a people's experience coordinator, which it hopes will drive the identification and development of appropriate outcomes and measures.

### **Oversight of Clinical Quality Governance**

- 16 Our 2021 review recommended that the Health Board develop a governance map for the organisation. This should clearly show the range of activities in place at the strategic and operational level to ensure there is a clear line of sight on quality and safety from service to Board and identify any overlaps or gaps between groups. This recommendation is complete.
- 17 The Health Board has introduced new oversight arrangements for clinical quality for both its provider and commissioned services. The Integrated Quality and Performance Report (IQPR) provides routine assurance on performance to the Finance and Performance Committee and Board. An Integrated Quality Report (IQR) is presented to the Patient Experience, Quality and Safety Committee every quarter with a specific focus on quality. This committee provides robust scrutiny on quality issues.
- 18 For commissioned services, lines of accountability are clear but mechanisms to provide strategic and operational oversight are not fully operational. Since our original review, the Health Board has:
  - established a Commissioning Oversight and Assurance Group (COAG), chaired by the Executive Director for Planning, Performance and Commissioning with representation from across the organisation including finance, nursing, and quality;
  - updated and strengthened its Contract Quality and Performance Review Meeting (CQPRM) process (change of frequency of meetings and reporting/escalation to COAG);

- recognised the effective alignment/interdependency of the IQPF and the Strategic Commissioning Framework (SCF); and
- committed to develop a monthly Commissioned Services Performance Report.

19 However, the Health Board needs to fully embed these arrangements. The COAG should report relevant information on commissioned services into the Executive Committee and onto the Finance and Performance Committee via the Commissioned Services Performance Report. Despite the Health Board setting up the COAG in summer 2025 and this group meeting regularly, the Commissioned Services Performance Report has not been presented to any committee. As a result, there is little assurance on the quality of commissioned services reported into relevant committees. Considering the Health Board updated the IQPF in May 2025, it should do this at pace to ensure there is sufficient oversight and scrutiny of clinical quality governance as intended.

20 The CQPRMs are taking place but frequency of meetings is decided by a range of factors including circumstances, performance, and any relevant contract risks. The Health Board may want to consider whether it needs a minimum meeting requirement each year to ensure oversight of each contract. At the time of our audit, updates from CQPRMs were verbal with no information on how often these meetings will be held and the level of data they will include.

### **Alignment of frameworks**

21 Our 2021 review recommended that the Health Board review the potential for alignment of the Clinical Quality Framework and the Commissioning Assurance Framework. We have found that the Health Board has completed this recommendation.

- 22 The Health Board's IQPF replaced its Clinical Quality Framework and Commissioning Assurance Framework in 2024. The IQPF applies to all services the Health Board provides and those commissioned from neighbouring NHS bodies. It provides the monitoring arrangements for the Health Board's new Strategic Commissioning Framework. As a result, the Health Board's previously separate frameworks now work in a more aligned and coherent way.

## Concerns and Complaints

- 23 In our 2021 review we found there needed to be greater oversight of complaints from Powys residents on commissioned services at committee level. There also needed to be clarity on the responsibility for monitoring and reporting complaints. We have found that there has been no progress in this area.
- 24 Whilst the Health Board has good oversight of complaints about the services it directly provides, challenges remain recording, analysing, and understanding complaints about commissioned services.
- 25 The Health Board told us it will monitor complaints about commissioned services as part of the Strategic Commissioning Framework (SCF). However, the SCF does not mention complaints. We were told oversight of complaints would be provided by the COAG, using intelligence from the CQPRMs, before escalating any relevant complaint reports to the appropriate committee. However, this process is not yet in place.
- 26 The current SCF does not include a requirement to ask for and/or explore any complaints made to the commissioned service by Powys patients. The SCF also does not include how the COAG will gather complaints about commissioned providers or how these complaints will be reported and escalated. The SCF is not specific enough in setting out the complaints process. As a result, there is still a lack of clarity about complaints about commissioned services.

- 27 This is a missed opportunity to hold commissioned services to account and use data to show trends. As found in our previous audit, current arrangements do not provide a formal process for identifying, managing, and reporting complaints about commissioned services to the Patient Experience, Quality and Safety Committee.

## Quality and Patient Safety Performance Measures

- 28 In our 2021 review we recommended that the Health Board develop a quality dashboard which articulated the Health Board's quality and patient safety and performance measures. There has been some progress in this area.
- 29 The IQPF includes a range of both national and local performance measures including statutory and local key performance indicators. The IQPF also includes an escalation framework which includes performance triggers, expected actions and monitoring and support arrangements.
- 30 The IQPR clearly sets out each performance measure, its target, trend, and escalation status allowing clear oversight. Where performance from commissioned services is available, the report presents provider and commissioned services performance separately to avoid confusion.
- 31 The Health Board presents more detailed quality and patient safety performance measures in the IQR to the Patient Experience, Quality and Safety Committee quarterly. The IQR holds useful information, including:
- Concerns and Complaints (Putting Things Right PTR);
  - Duty of Candour cases;
  - Incident Reporting;
  - Nationally Reportable Incidents; and
  - Infection Prevention and Control.

- 32 However, we noted in our 2025 Structured Assessment that the IQR is very narrative and although interspersed with some useful data and graphs, the report needs to be clearer in how it identifies areas of concern. We have recommended a review of the structure of the IQR in our 2025 Structured Assessment.
- 33 The Health Board would still benefit from a dashboard which articulates the quality and patient safety performance measures and key performance indicators for the Health Board. This would more easily allow readers to measure success and see improvements.

### **DATIX training**

- 34 In our 2021 review we found that not all corporate staff have received training and support on how to use the DATIX system to report concerns and near misses. We have found there has been no action in this area.<sup>3</sup>
- 35 All staff across the Health Board can access DATIX training via the Health Board intranet, and the Health Board intends to pre-record training for ease of access. However, we have no evidence the relevant corporate staff have completed this training.

### **Statutory and mandatory training**

- 36 Our 2021 review found that the Health Board was not achieving its statutory and mandatory training compliance target. This training is important for ensuring staff and patient safety, as well as wellbeing. We have found that the Health Board has completed this recommendation.
- 37 In October 2025, mandatory and statutory training compliance was 89%, exceeding the Health Board's target of 85%. This is an increase on 2023 and 2024 performance, and benchmarks positively against other health boards in Wales.

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<sup>3</sup> Datix (specifically the [Once for Wales Concerns Management System – Datix Cymru](#)) is the standard, secure, cloud-based system used by NHS Wales to report, manage, and analyse patient safety incidents, risks, and concerns, including those triggering Duty of Candour.

## Data Analytics

- 38 Our 2021 review recommended the Health Board build data analytics capacity within their operational teams to support them to better understand and evaluate their performance. We have found the Health Board has made some progress in this area.
- 39 The Health Board has digital dashboards which underpin performance reports held and managed by the operational digital team. The digital team maintain the dashboards, gathering data from the data owners and the performance team have overall oversight. These underpin a range of reports including performance reports to the People and Culture Committee. The dashboards include sickness absence rates, sickness rates by staff groups and reasons for absence. The IQPR to the Finance and Performance Committee also draw on the dashboards for triangulation.
- 40 Whilst digital dashboards underpin the performance reports, they are not interactive Power BI dashboards which staff can easily interrogate for scrutiny purposes. The Health Board would like to develop this going forward, and intends to set up an interactive, real time performance data dashboard with dedicated data analysts. However, this is not currently possible due to capacity.
- 41 The Health Board set up an Operational Leadership Group in 2025. One of the functions is the scrutiny and oversight of operational governance including quality, improvement, performance, and delivery. The group also recognises the need to build capacity in operational teams to analyse and evaluate performance.

## Responding to the Duties of Quality and Candour

### **The Health Board has arrangements in place to embed the duties of quality and candour, but uptake of training has limited oversight**

- 42 The Health and Social Care (Quality and Engagement) Act 2020 came into force on 1 April 2023. In advance of its introduction, the Health Board assessed its preparedness for following the Act against the Welsh Government baseline position.
- 43 The Executive Director of Nursing, Quality, Women and Family Health leads on both duties supported by the Assistant Director of Quality. The Health Board's Duty of Quality webpage includes the Health and Care Standards and links to relevant websites such as Healthcare Inspectorate Wales and the Public Service Ombudsman for Wales.
- 44 The Health Board articulated a clear approach to the implementation of both statutory duties. The Health Board set up an internal Implementation Board chaired by the Director of Therapies and Health Sciences with input from all Directorates. The Board met monthly to oversee the progress of implementation of the duties and report back to the National Team.
- 45 The Health Board delivered Board Development sessions on the Duty of Quality in 2023, and Independent Members attended a national training session. The Health Board undertook a training needs analysis for the Duty of Candour and made available training and a video to all staff.
- 46 In April 2024, the Patient Experience, Quality and Safety Committee received a Quality and Engagement Act Implementation Plan for the Duties of Quality and Candour. A dedicated Implementation Board and relevant directors oversaw delivery of this plan.

- 47 Following the introduction of the Duty of Quality, the Health Board updated its IQPF to include a quality and performance escalation process in March 2024. The Health Board reviews the escalation status for operational directorates and corporate departments monthly. The status considers quality and safety matters and patient experience.
- 48 The Annual Duty of Quality Report 2024-25 includes information on the Duty of Candour, including the number of times the duty was triggered in 2024-25 and the process the Health Board follows when this happens. This involves following the NHS Wales Putting Things Right procedure and steps are listed in the report for clarity.
- 49 At an operational level, the Health Board holds internal Integrated Quality and Performance Group (IQPG) meetings. IQPGs are the Health Board's key process for reviewing, challenging, and supporting directorates on quality, performance, finance, workforce, and delivery. They sit below the Executive Committee but above directorate/team-level meetings. These are a tool to oversee, challenge and review quality and performance across all domains but include a specific focus on quality and safety and patient experience. IQPGs can escalate issues to the Executive Committee and to relevant committees and the Board when necessary.
- 50 Routine performance is monitored through the IQR. As previously noted, the IQR is reported to the Executive Committee and the Patient Experience, Quality and Safety Committee to provide an update on the quality and safety agenda across the Health Board.
- 51 A Duty of Quality training package is available via the Electronic Staff Record (ESR). However, we were unable to assess how many staff need to undertake this training or how many have completed it. The Health Board needs to strengthen its arrangements for monitoring training compliance, to provide assurance that staff are being supported to understand and respond to the new duties.

# Recommendations

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We have made four recommendations which replace six 2021 recommendations that are not yet complete, updated to reflect the current delivery context. We have also made two new recommendations.

The status of the 2021 recommendations is set out in **Appendix 2**.

## **New recommendations replacing 2021 recommendations not yet complete**

**R1** The Health Board should develop performance and quality measures for each commissioned provider which it can monitor and measure in line with the Strategic Commissioning Framework. This will provide oversight and assurance on commissioned services and patient care (**paragraph 14**).

**R2** The Health Board should set out a mechanism in the Strategic Commissioning Framework about how it will provide assurance on complaints about commissioned services. This should include the mechanism for recording complaints and reporting them to the Patient Experience, Quality and Safety Committee (**paragraph 26**).

**R3** The Health Board should ensure, record and report that all relevant corporate staff have received training and support on how to use the DATIX system to report concerns and near misses (**paragraph 35**).

- R4** The Health Board should explore opportunities within existing capacity to develop interactive digital dashboards to present performance indicators and help the reader to understand and evaluate success and challenges (**paragraphs 33 and 40**).

### **New recommendations**

- R5** The Health Board should develop and present the monthly Commissioned Services Performance Report as outlined in the Integrated Quality and Performance Framework. This will develop oversight and scrutiny of the quality and safety of commissioned services as intended (**paragraph 19**).

- R6** The Health Board should strengthen its arrangements for duty of quality e-learning training by routinely monitoring and reporting on staff completion rates (**paragraph 51**).

# Appendices

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# 1 About our work

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## Scope of the audit

We have assessed whether:

- the Health Board has implemented previous audit recommendations arising from our 2021 review of its quality governance arrangements and is realising the intended outcomes and benefits of those recommendations; and
- there is a sound corporate approach to oversee and scrutinise the quality and safety of services in line with the Duty of Quality and Duty of Candour requirements.

## Audit questions and criteria

### Questions

Our audit addressed the following questions:

- Has the Health Board reviewed its commissioning assurance framework?
- Has the Health Board clearly set out the mechanisms in place to provide strategic and operational oversight of clinical quality governance?
- Has the Health Board aligned the Clinical Quality Framework and the Commissioning Assurance Framework?
- Does the Health Board have greater oversight of complaints from Powys residents on commissioned services?
- Are the Health Board's quality and patient safety measures clear?
- Has the Health Board completed training for relevant staff on the All-Wales concerns management system?
- Are all staff receiving the necessary statutory and mandatory training?

- Does the Health Board collect relevant quality and safety data to understand and evaluate performance?
- Has the Trust taken steps to implement arrangements to deliver both the Duty of Quality and Duty of Candour?

## Criteria

In gathering evidence against the above questions, we were looking for the Health Board to demonstrate that it:

- had made the expected progress in implementing our 2021 audit recommendations (set out in **Appendix 2**) to address the issues and concerns found in the original audit; and
- was implementing the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (the Act) in respect of the duties of quality and candour.

## Methods

We undertook our audit work between July and September 2025.

We reviewed the following key documents:

- Integrated Quality and Performance Framework;
- Strategic Commissioning Framework;
- People Experience Framework;
- Health Board's Annual Plan;
- Duty of Quality Annual Reports;
- Committee reports, including Quality Assurance and Performance reports.

We interviewed the following:

- Executive Director of Nursing and Midwifery;
- Director of Corporate Governance/Board Secretary;
- Executive Director of Planning, Performance & Commissioning;
- Independent Member/Vice Chair/Chair of Patient Experience, Quality and Safety Committee.

We also asked the Health Board to complete and submit a self-assessment, setting out its view of progress against the 2021 recommendations. The Health Board submitted a completed self-assessment on 8 July 2025.

## 2 Previous recommendations

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We made the following recommendations in 2021 following our review of the Health Board's quality governance arrangements. We have highlighted the status of these recommendations based on our follow-up review and replaced outstanding recommendations where necessary.

**R1** Review the Commissioning Assurance Framework to include measures on the standards of care provided or patient outcomes (**Some progress – replaced by R1 2026**).

**R2** Develop a governance map for the organisation to clearly identify the range of activities in place at the strategic and operational level to ensure there is a clear line of sight from service to Board and identify any overlaps or gaps between groups (**Complete**).

**R3** Review the potential for alignment of the Clinical Quality Framework and the Commissioning Assurance Framework (**Complete**).

**R4a** Ensure that all complaints by Powys residents (directly and indirectly reported to the Health Board) on commissioned services are captured and reported to the Patient Experience, Quality and Safety Committee (**No action – replaced by R2 2026**).

**R4b** Update the Commissioning Assurance Framework to ensure clarity on responsibility for monitoring and reporting of complaints (**No action – replaced by R2 2026**).

**R5** Develop a quality dashboard which articulates the quality and patient safety performance measures and key performance indicators for the Health Board, to measure success and demonstrate improvements (**Some progress – replaced by R4 2026**).

**R6** Ensure that all corporate staff receive training appropriate to their role (**No action – replaced by R3 2026**).

**R7** Ensure that all statutory and mandatory training compliance meets the required target (**Complete**).

**R8** Build capacity within the operational teams to undertake analytical analysis within their teams to better understand and evaluate performance (**Some progress – replaced by R4 2026**).

## 3 Key terms in this report

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Term	Description
<b>Duty of Candour</b>	The Duty of Candour is a legal requirement for Welsh NHS organisations to be open and honest with service users when harm occurs during their care. This includes communicating with the patient, investigating the incident, and learning from it to prevent future occurrences.
<b>Duty of Quality</b>	The Duty of Quality is a legal obligation on Welsh NHS organisations to continually improve the quality of healthcare services and outcomes for the people of Wales. The Duty requires a focus on quality in all strategic decisions and ongoing monitoring of progress in quality improvement.
<b>Power BI</b>	Computer software used to analyse and view data to help support understanding of data.
<b>Putting Things Right</b>	The formal process for raising concerns and complaints about the NHS in Wales and its services.
<b>Quality governance</b>	The combination of structures, processes, and behaviours used by an organisation, particularly its board, to lead on and ensure high-quality performance, including safety, effectiveness, and patient experience.

Term	Description
<b>Strategic Commissioning Framework</b>	Sets out the Health Board's approach to commissioning services for the Powys population.

## 4 Management Response Form

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Recommendation	Commentary on planned actions	Completion date	Responsible officer
<p>R1</p> <p>The Health Board should develop performance and quality measures for each commissioned provider which it can monitor and measure in line with the Strategic Commissioning Framework. This will provide oversight and assurance on commissioned services and patient care <b>(paragraph 14)</b>.</p>	<p>Accepted and completed.</p> <p>The Health Board has established baseline performance metrics for commissioned providers through NHS Wales and NHS England standard contract arrangements. In addition, work is underway to develop a comprehensive suite of quality and patient safety metrics for commissioned services.</p> <p>These measures will be embedded within the Integrated Quality and Performance Framework (IQPF) and aligned to the Strategic Commissioning Framework (SCF) to strengthen oversight, assurance, and early identification of quality or performance concerns in commissioned services.</p> <p>Detailed Commissioning Intentions have been issued to the three main NHS England providers and to NHS Wales providers to support timely data submission</p>	<p>31 March 2026</p>	<p>Executive Director Planning, Performance and Commissioning / Executive Director Nursing, Quality and Family Health</p>

Recommendation	Commentary on planned actions	Completion date	Responsible officer
	and strengthen contractual oversight arrangements.		
<p>R2</p> <p>The Health Board should set out a mechanism in the Strategic Commissioning Framework about how it will provide assurance on complaints about commissioned services. This should include the mechanism for recording complaints and reporting them to the Patient Experience, Quality and Safety Committee (<b>paragraph 26</b>).</p>	<p>Partially accepted and completed.</p> <p>The operational mechanisms for the recording, management, and reporting of concerns and complaints relating to commissioned services sit within the Integrated Quality and Performance Framework (IQPF) and wider Quality Management System (QMS) arrangements.</p> <p>The Strategic Commissioning Framework references the PTHB QMS in providing a focus on quality domains and enabling actions as per the PTHB QMS; references requirement as per Duty of Quality to actively monitoring progress in quality improvement efforts; and cross references to the IQPF through which PTHB discharges its duty to scrutinise and assure the performance of PTHB and the delivery</p>	Complete	Executive Director Nursing, Quality and Family Health

Recommendation	Commentary on planned actions	Completion date	Responsible officer
	<p>and commissioning of quality, patient centred services.</p> <p>The Executive Director of Nursing, Quality and Family Health and Deputy Director teams have reviewed current processes to strengthen mechanisms through Datix. Concerns and complaints relating to commissioned services are reported through established Integrated Quality Framework reporting arrangements to the Patient Experience, Quality and Safety Committee.</p>		
<p>R3</p> <p>The Health Board should ensure, record and report that all relevant corporate staff have received training and support on how to use the DATIX system to report concerns and near misses (<b>paragraph 35</b>).</p>	<p>Accepted</p> <p>The Health Board is currently reviewing DATIX training provision to improve content, accessibility, and uptake across relevant corporate staff groups. The updated programme will be rolled out within the next four weeks. Completion rates will be monitored and recorded, with compliance and uptake reported through established governance structures. This</p>	<p>30 June 2026</p>	<p>Executive Director Nursing, Quality and Family Health</p>

Recommendation	Commentary on planned actions	Completion date	Responsible officer
	<p>work aims to improve reporting culture, enhance the quality of incident reporting, and strengthen organisational learning from concerns and near misses.</p>		
<p>R4</p> <p>The Health Board should explore opportunities within existing capacity to develop interactive digital dashboards to present performance indicators and help the reader to understand and evaluate success and challenges <b>(paragraphs 33 and 40)</b>.</p>	<p>Accepted</p> <p>There is ongoing work through the Digital and performance teams to continue to develop interactive dashboards.</p> <p>Grant Thornton and Partners are supporting the development of a Commissioning Dashboard by end Q1 as the priority area.</p>	30 July 2026	Executive Director Planning, Performance and Commissioning / Director of Digital and Therapies
<p>R5</p> <p>The Health Board should develop and present the monthly Commissioned Services Performance Report as outlined in the Integrated Quality and Performance</p>	<p>Partially accepted.</p> <p>The Health Board is developing a Commissioned Services Performance Report as part of its broader commissioned services oversight model. The report will incorporate quality, patient safety, and performance indicators arising from</p>	30 September 2026	Executive Director Planning, Performance and Commissioning

Recommendation	Commentary on planned actions	Completion date	Responsible officer
<p>Framework. This will develop oversight and scrutiny of the quality and safety of commissioned services as intended (<b>paragraph 19</b>).</p>	<p>Recommendation 1 and will form part of the Integrated Quality and Performance Framework (IQPF).</p> <p>Reporting will be provided on a regular basis, aligned to data availability and provider reporting timelines, to ensure meaningful oversight and scrutiny of commissioned services.</p> <p>The report will be presented through relevant governance and committee structures.</p> <p>Development of the Commissioning Dashboard referenced in R4 will further support the maturity and presentation of commissioned services reporting.</p> <p>The ability to regularly produce the report is contingent on the development of the Commissioning Dashboard referenced in R4.</p>		

R6

The Health Board should strengthen its arrangements for duty of quality e-learning training by routinely monitoring and reporting on staff completion rates (**paragraph 51**).

Accepted

Our improvement approach includes a joint strategic responsibility between the Executive Director of Nursing, Quality and Family Health, and the Executive Director for People, Culture and Transformation. The Executive Director of Nursing, Quality and Family Health is responsible for promoting and building compliance and the Executive Director of People, Culture and Transformation will ensure that regular monitoring reports are provided, highlighting areas of concern in compliance rates.

Improvements in training compliance will be done through the consideration of adding the E-Learning course to the all-staff Statutory and Mandatory Training list and adding performance reporting to the Workforce Performance Report, which is monitored through People and Culture Committee, Patient, Experience and Quality Committee as well as Executive Committee. This report will also be included as part of the Directorate Performance Review approach for both People and Culture, and Nursing.

31 December  
2026

Executive  
Director People,  
Culture and  
Transformation/  
Executive  
Director Nursing,  
Quality and  
Family Health

# About us

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The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.